

**SERIAL 05153 - IGA MEDICAL SURGICAL DISTRIBUTION
(NIGP 46500)**

#PP-DS-015

CONTRACT PERIOD BEGINNING AUGUST 25, 2005 ENDING JUNE 30, 2008

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **MEDICAL SURGICAL DISTRIBUTION
(NIGP 46500)**

Attached to this letter is a listing of vendors available to Maricopa County Agencies utilizing the Premier Contract #PP-DS-015. The using agency and other interested parties may access and electronic version of this contract from the Materials Management Web site at:

http://www.maricopa.gov/materials/Awarded_Contracts/search.asp.

Please note: Price Agreement Purchase Orders (PG documents) may be generated using the information from this list. Use Commodity Code(s) C651510, B0604652.

All purchases of product(s) listed on the attached pages of this letter are to be obtained from the listed contractor(s).



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Master Contract Summary

Click on the Contract Number, Business Partner or Tier ID to view details. To compare or download several price tiers, select them using the check boxes and click either the Compare Price Tiers button or the Download Selections button. To activate pricing click on the Activate Pricing button.

Contract Header

Contract Number[PP-DS-015](#)**Contract Status**

Active

Committed Status

Preferred Contract

Diversity Type

Not Diverse

Contract Name

Medical Surgical Distribution

Business Partner[Medline Industries Inc.](#)**Value Enhancement Opportunity****Effective Date**

07/01/2005

Expiration Date

06/30/2008

Award Type

Multi Source

Tier Filter**Tier Status**

0 matches found. Showing 0-0

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Master Contract Information Sheet

Click on Contract Information Sheet for additional contract detail.

 View: [Details](#) | [Contract Information Sheet](#)

Contract Information

Contract Number	Contract Name	Effective Date
PP-DS-015	Medical and Surgical Products Distribution	07/01/2005
Contract Status	Business Partner	Expiration Date
Active	Medline Industries Inc.	06/30/2008
Committed Status	Value Enhancement Opportunity	Award Type
Preferred Contract		Multi Source
Diversity Type		Last Modified Date
Not Diverse		06/14/2005 02:21 PM

Commitment Requirements

This agreement is a preferred contract.

MDF Required?

Yes

Products

Medical Surgical Distribution

Payment Terms

Full payment must be made within thirty (30) days following such delivery of Product(s) or receipt of invoice, whichever date is later, unless otherwise agreed to between Participating Member and Distributor. PAYMENT TERMS/DISTRIBUTION COST PLUS MARKUP % ADJUSTMENT: 0 Days/-0.50%; 15 Days/-0.25%; 30 Days/0; 45 to 60 Days/+0.25%; 61 Days/+0.50%; Every 15 Days over 61/An additional +0.50%

Shipping Terms

Except as otherwise provided below, all shipments of products directly to Participating Members shall be Net F.O.B. destination, within the Continental United States with a \$500 minimum order, with the exception of special delivery and/or air shipments requested by Participating Members. Alaska and Hawaii will be locally negotiated. Such special delivery and/or air shipment charges shall be prepaid by Distributor and invoiced to the requesting Participating Member for such member's payment pursuant to the payment terms set forth in Section 6.2 of this Agreement. Participating Members shall have ten (10) business days from the date of delivery in which to inspect the Product(s) and to accept or reject such Product(s).

Returned Goods Policy

Custom Items, Patient Home Direct, Kaumographed and Embroidered Textiles, are not returnable. However Medline will accept a Return of any item for full credit if Medline shipped in error or if the item is defective or damaged. All other discretionary Returns are subject to a restocking fee (see below). Authorization and a Returned Goods Authorization Number (RGA) are required for all Returns and may be obtained by calling Medline's Return Goods Department at 1-800-307-8386. An RGA Number is valid for 60 days after issuance. Any Return after the 60 day period has expired is not authorized and will not be issued credit. Returns may be rejected because of the physical condition of the items. Specifically: (a) only items in full, complete and unopened cases with original packaging are returnable, (b) items with "piggyback labels" on the packaging are not returnable, (c) nutrients are returnable only if returned more than six months before their expiration date, (d) expired items are not returnable, and (e) items otherwise in an unsalable condition due to improper storage, spoilage, or damaged packaging are not returnable.

Pricing

Pricing: ACUTE CARE COST PLUS SCHEDULE: MONTHLY VOLUME TIERS/DISTRIBUTION COST PLUS MARKUP %/MINIMUM NUMBER OF WEEKLY DELIVERIES: Less than or equal to \$40,000/7.50%/2. \$40,001-\$100,000/7.00%/2. \$100,001-\$250,000/6.50%/3. \$250,001-\$500,000/6.00%/3. \$500,001-\$800,000/5.50%/4. \$800,001-\$1,250,000/5.00%/5. >\$1,250,000/4.00%/5. PRODUCT LINE/DISTRIBUTION COST PLUS MARKUP %: Sutures and Endo/3.00%. Medline Brand Products/2.50%. SURGERY CENTER COST PLUS SCHEDULE: MONTHLY VOLUME TIERS/DISTRIBUTION COST PLUS MARKUP %/MINIMUM NUMBER OF WEEKLY DELIVERIES: Less than or equal to \$10,000/11.00%/1. \$10,001-\$25,000/8.50%/2. \$25,001-\$100,000/7.50%/2. \$100,001-\$500,000/7.00%/2. >\$500,000/6.00%/2. PRODUCT LINE/DISTRIBUTION COST PLUS MARKUP %: Suture and Endo/4.50%. Medline Brand Products/2.50%.

Price Protection

Seller agrees to hold firm the Cost Plus Markup Matrix firm throughout the term of this Agreement.

Available For



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Master Contract Details

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Contract Information

Contract Number	Contract Name	Effective Date
PP-DS-015	Medical and Surgical Products Distribution	07/01/2005
Contract Status	Business Partner	Expiration Date
Active	Medline Industries Inc.	06/30/2008
Committed Status	Value Enhancement Opportunity	Award Type
Preferred Contract		Multi Source
Diversity Type		Last Modified Date
Not Diverse		06/14/2005 02:21 PM

Attachment(s)

[Return of Goods Policy \(12K\)](#); [Participating Member Designation Form - Acute Care \(53K\)](#); [Participating Member Designation Form - Surgery Center \(52K\)](#);

News

[New Medical Surgical Distribution Contract - Phase I](#)
 (posted 06/16/05)

Business Partner Address

 One Medline Place
 Mundelein, IL 60060-4486
 US

Business Partner Contacts

[Contact Listing](#)

Master Contract Questions:

 Premier Solution Center
 1.877.777.1552
solutioncenter@premierinc.com

Related Contracts

Contract Number	Contract Name	Business Partner
PP-DS-022	Medical Surgical Distribution	Owens & Minor Distribution Inc.
PP-DS-018	Medical/Surgical Distribution	Pharmed Group Inc.
PP-DS-023	Medical Surgical Distribution	Professional Hospital Supply Inc.
PP-DS-021	Medical Surgical Distribution	Seneca Medical Inc.
PP-DS-020	Medical Surgical Distribution	Burrows Company The
PP-DS-016	Medical Surgical Distribution	Midwest Medical Supply Co. LLC (dba) MMS
PP-DS-002	Distribution Services	McKesson HBOC Medical Group
PP-DS-003	Medical/Surgical Distribu	Cardinal Health 200 Inc. fka Allegiance Healthcare Corporation


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MEDLINE RETURN GOODS POLICY



This Policy applies unless you have a contract providing terms. Medline reserves the right to reject any Return that does not comply with the terms of this Policy. Returns of non-Medline brand items and “vendor directs” are subject to the terms and conditions of the manufacturer and may be at Medical Center’s expense.

Custom Items, Patient Home Direct, Kaumographed and Embroidered Textiles, are not returnable. However Medline will accept a Return of any item for full credit if Medline shipped in error or if the item is defective or damaged. All other discretionary Returns are subject to a restocking fee (see below).

Authorization and a Returned Goods Authorization Number (RGA) are required for all Returns and may be obtained by calling Medline’s Return Goods Department at 1-800-307-8386. An RGA Number is valid for 60 days after issuance. Any Return after the 60 day period has expired is not authorized and will not be issued credit.

Returns may be rejected because of the physical condition of the items. Specifically: (a) only items in full, complete and unopened cases with original packaging are returnable, (b) items with “piggyback labels” on the packaging are not returnable, (c) nutrients are returnable only if returned more than six months before their expiration date, (d) expired items are not returnable, and (e) items otherwise in an unsalable condition due to improper storage, spoilage, or damaged packaging are not returnable.

If a Return is for Medical Center’s convenience (in other words, not the result of Medline’s error, defect or damage), then Medical Center will be charged a restocking fee based on the number of days that elapsed since invoice date:

<u>Return from Date of Invoice</u>	<u>Fee as a % of the Invoice Amount</u>	
0 - 30 days	0%	+ Freight
31 - 60 days	10%	+ Freight
61 - 120 days	20%	+ Freight
121 - 180 days	30%	+ Freight
6 months or greater	not returnable	

Medical Center will not be charged freight on Returns that are the result of Medline error, defect or damage. In all other situations (i.e.: a discretionary return on Medical Center’s part, Medical Center’s error, overstock at Medical Center’s facility), Medical Center will be responsible for pre-paying freight charges unless Medline issues call tags or a bill of lading. (freight charges will be deducted from the credit amount).

**EXHIBIT A
PARTICIPATING MEMBER DESIGNATION FORM
ACUTE CARE**

SELLER: Medline Industries Inc.
CONTRACT NUMBER: PP-DS-015
PRODUCTS: Medical and Surgical Product
Distribution

1. **Volume Tier.** The undersigned Participating Member hereby designates the following desired volume tier under the above-referenced Premier Purchasing Partners, L.P. Group Purchasing Agreement:

MEMBER INITIALS	VOLUME TIERS	MONTHLY VOLUME TIERS
	TIER 1	< \$40,000
	TIER 2	\$40,001 - \$100,000
	TIER 3	\$100,001 - \$250,000
	TIER 4	\$250,001 - \$500,000
	TIER 5	\$500,001 - \$800,000
	TIER 6	\$800,001 - \$1,250,000
	TIER 7	> \$1,250,000

2. **Aggregation Pricing Option.** By initialing where indicated below, the undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member shall be entitled to aggregate the purchasing volume within its respective multi-facility system and/or network of facilities in order to meet the volume tier designated in Item 1 above. In order to invoke this election, the undersigned Participating Member must be able to influence the purchasing decisions of the facilities it wishes to aggregate. Attached hereto as Schedule 1 is a list of all such facilities. The undersigned Participating Member shall be responsible for updating such list on an annual basis. The undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option:

Participating Member's Initials: _____

3. **Automatic Substitution.** Participating Member and Seller may mutually agree to automatically substitute pre-approved equivalent products covered under the above-referenced Group Purchasing Agreement, due to backorders situations and service requirements. In any case, unless specifically approved by Participating Member, substitute products will be priced, including Cost Plus Markup, at a price equal to or lower than the original product.

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Hospital	Seller
Print Name of Person Signing _____	Print Name of Person Signing _____
Signature _____	Signature _____
Title of Person Signing _____	Title of Person Signing _____
Date Signed _____	Date Signed _____
Entity Code _____	
Print Name of Participating Member _____	
Address _____	
City and State _____	

Upon completion, please submit this form to both Seller and Premier.

Seller Information: Fax:
(847) 949-2497

Premier Inc. – Fax:
630.891.4016

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER AND UPDATED ON AN ANNUAL BASIS]

System name: _____

[illegible]

EXHIBIT A
PARTICIPATING MEMBER DESIGNATION FORM
SURGERY CENTERS

SELLER: Medline Industries Inc.
CONTRACT NUMBER: PP-DS-015
PRODUCTS: Medical and Surgical Product
Distribution

1. Volume Tier. The undersigned Participating Member hereby designates the following desired volume tier under the above-referenced Premier Purchasing Partners, L.P. Group Purchasing Agreement:

MEMBER INITIALS	VOLUME TIERS	MONTHLY VOLUME TIERS
	TIER 1	< \$10,000
	TIER 2	\$10,001 - \$25,000
	TIER 3	\$25,001 - \$100,000
	TIER 4	\$100,001 - \$500,000
	TIER 5	>\$500,001

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member shall be entitled to aggregate the purchasing volume within its respective multi-facility system and/or network of facilities in order to meet the volume tier designated in Item 1 above. In order to invoke this election, the undersigned Participating Member must be able to influence the purchasing decisions of the facilities it wishes to aggregate. Attached hereto as Schedule 1 is a list of all such facilities. The undersigned Participating Member shall be responsible for updating such list on an annual basis. The undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option:

Participating Member's Initials: _____

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The undersigned Participating Member hereby acknowledges and confirms the above designations.

Hospital	Seller
Print Name of Person Signing _____	Print Name of Person Signing _____
Signature _____	Signature _____
Title of Person Signing _____	Title of Person Signing _____
Date Signed _____	Date Signed _____
Entity Code _____	
Print Name of Participating Member _____	
Address _____	
City and State _____	

Upon completion, please submit this form to both Seller and Premier.

Seller Information: Fax:
(847) 949-2497

Premier Inc. – Fax:
630.891.4016

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER AND UPDATED ON AN ANNUAL BASIS]

System name: _____

[illegible]

This agreement is available for surgery centers use per the terms and conditions of this agreement.

Attachments

Return of Goods Policy and Participating Member Designation Form



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Contract Contacts

Review the Contact information and related details.

Contact Listing

VP, National Accounts

Name Mr. Mark Parry
Telephone Number 8479495500
Fax Number 4057949989
Cell Phone Number
E-Mail Address mparry@medline.com
Web Address

VP, National Accounts

Name Mr. Mark Parry
Telephone Number 8479495500
Fax Number 4057949989
Cell Phone Number
E-Mail Address mparry@medline.com
Web Address

2 matches found. Showing 1-2



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